

NEWSLETTER

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RULES OF ETHICS

The Medical Practice Act specifically charges the Board with the responsibility of setting the ethical standards by which the practice of medicine will be carried out in New Hampshire. These standards are set by rule in Med 406.

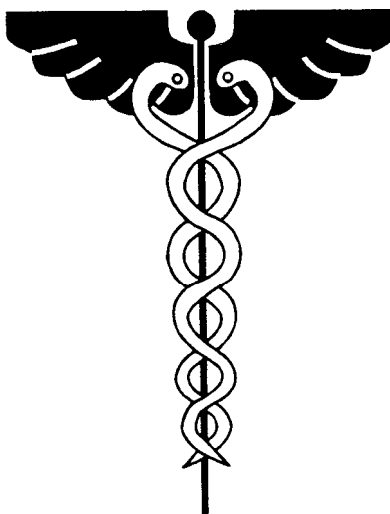
Med 406 states that the Board defines unprofessional conduct, in part, as a violation of the American Medical Association's Ethical Guidelines.

Licensees should familiarize themselves with these guidelines, if they have not already done so. Copies of the guidelines may be purchased from the AMA at:

Order Dept. OP 632290
American Medical Assoc.
P.O. Box 10946
Chicago, IL 60610-0946

DUTY TO REPORT

An example of the importance of reviewing these guidelines is the physician's duty to report ethical or clinical problems encountered by colleagues when one is aware of them. New Hampshire does not have a "snitch" law which requires reporting to the medical board. However, physicians are still obligated under the rules of ethics to report impaired, unethical or
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2 Industrial Park Drive
Suite 8
Concord, NH 03301
Telephone: (603) 271-1203
Facsimile: (603) 271-6702
Complaints: (800) 271-6930

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RECENT CHANGES

TELEPHONE: If you've called the Board's offices recently you will have noticed some changes. A new automated call processor has been installed to direct callers. Although many people are frustrated by the use of automated answering systems, we hope that
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ETHICS...

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incompetent practices to the appropriate authorities. (9.03 I and 9.01 of the Code of Medical Ethics, Current Opinions, 1992. AMA)

Failure to report conduct by a colleague which may harm a patient would violate the Board's ethical rules and would be grounds for discipline under the Medical Practice Act. Such a report may logically be made to the appropriate hospital superior if the colleague in question is a member of a medical staff. Failure of the Medical staff officer to correct the practices complained of or to report the practices to the Board may be grounds for discipline under the Medical Practice Act.

REPORTING REQUIREMENT

RSA 329: 17 IV requires that every licensed hospital, clinic, or other health care facility shall report to the board any disciplinary or adverse action, including situations in which allegations of misconduct are settled by voluntary resignation without adverse action, against a person licensed by the board within 30 days after such action is taken.

Licensee should be aware of this legal requirement. The Board's reporting requirements do not mirror the requirements of the National Practitioner Data Bank. Failure to report any institutional action in New Hampshire can be grounds for discipline under the Medical Practice Act regardless of whether or not the action is reportable to the National Practitioner Data Bank.

Questions about reporting to the Board should be addressed to Karen LaCroix at the number listed on page 1.

RECENT CHANGES

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that frustration will be offset by the increased service that we can provide with the addition of 5 new telephone lines. Now, when you call 27 I-I 203, you will be routed to one of 5 other telephone lines where your specific questions can be answered by someone who handles that issue all the time. We hope that this increased level of service will more than compensate for the inconvenience of the automated transfer system.

1-800 COMPLAINT LINE

As part of the Board's ongoing commitment to improving the service it provides to licensees and the public, the Board has installed a toll free line dedicated solely to consumer information and complaint filing.

When consumers call the 1-800 line, they can request information on filing a complaint, check on the background of any physician, or ask routine questions about the laws governing the practice of medicine. If the consumer wishes to file a complaint, he or she will be sent a complaint form and a consumer information brochure which explains the role and responsibilities of the board and the process by which complaints are investigated.

Copies of the complaint form and consumer brochure can be provided to licensees at their request. The toll free telephone line is dedicated only to consumers and calls from and regarding licensees can not be transferred within the office. The mission of the Board is the protection of the public. This toll free service is just one way in which we are striving to improve that protection.

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LIMITED LICENSES

The Board of Medicine issues a variety of types of limited licensure to physicians whose practice is limited to certain circumstances. Limitations generally include those of time and place. These licenses are issued as a courtesy to those hospitals, clinics or private practices whose needs for coverage exceed the local physician population during transitions or vacation periods.

Currently the Board issues the following types of limited licenses:

- **Locum Tenens** - limited to 100 days of practice per year.
- **Camp physicians** - limited to practice at a licensed camp.
- **Resident/Training** - limited to residents of ACGME accredited training programs.
- **Visiting professor** - limited to teaching specific procedures at a particular institution.

The Board may, upon petition from some interested party, issue a license limited in some meaningful way to address other specific needs of the medical community. The Board will not, however, consider issuing a limited license in lieu of a full license for an applicant who does not meet the requirements for licensure.

It is important to remember, however, that these physicians are treating patients in New Hampshire in the same manner as fully licensed physicians. These physicians represent a possible threat to patients **if** they do not practice in a safe and ethical manner. For this reason, it is imperative that all local physicians and administrators of hospitals and clinics pay particular attention to the practices of temporary licensees and that substandard or unethical practices on the part of these physicians be reported immediately to the Board. **Cont. on page 3...**

LIMITED LICENSES

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Without cooperation from the entire medical community, it is impossible for the Board to monitor these limited licensees.

Limited licenses may also be issued by the Board as a result of some form of disciplinary action. Such limitations may preclude a physician from practicing in certain areas where his or her skills have been shown to be lacking. Other limitations may include those of time and location, or a requirement for certain types of supervision or monitoring.

A license limited as a result of disciplinary action will be a matter of public record and will only be issued after notice and an opportunity for hearing or by agreement with the physician.

Anyone wishing additional information regarding the issuance of any type of limited license should contact Karen LaCroix at the Board's offices. Rules for submitting petitions of any type, including those requesting limited licensure, can be found in the Board's administrative rules, section Med 205.

IMPORTANT REMINDER

Annual renewal applications were due on or before June 30, 1996. Applications not received or postmarked by this date are subject to a late fee of \$100.00 pursuant to RSA 329:16-e. There are no exceptions to this requirement.

Anyone who neglected to renew in error may do so on or before September 30, 1996. AFTER SEPTEMBER 30 NO RENEWAL APPLICATIONS WILL BE ACCEPTED.

CORE CREDENTIALS: ONE STOP SHOPPING

Any physician who has been licensed in more than one state can tell you that the process of producing the same documents each time is tedious and frustrating. These same documents then have to be submitted to hospitals, managed care companies and insurers in an endless repetitious stream.

While numerous credentialing services have proposed to eliminate this to varying degrees of success, state licensing boards would not accept anything but original current documents to verify the core credentials of physicians seeking licensure.

But one stop shopping has finally arrived for core credential verification that is accepted by many licensing boards as well as other credentialing agencies. The Federation of State Medical Boards, the national organization that represents medical boards in every state and territory, is piloting a centralized Credential Verification Service (FCVS). This service will soon be available to all physicians to submit core licensing credentials - those documents that prove stable because the information they contain does not change after issue, such as educational achievement, exam scores, etc.

The service will be funded by a on-time fee collected at the time the original documents are gathered by FCVS. The service maintains strict requirements for the collections of documents and for the verification of them. The documents will be kept secure at the Federation offices and certified copies will be forwarded (upon the request of the physician) to any

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licensing board, or other credentialing organization which requires that information. A small verification fee will be charged for this service.

The Federation Credentials Verification Service is scheduled for pilot operations in 7 states this fall. Some states have even agreed to require FCVS on all new applications. New Hampshire will accept FCVS documents to satisfy certain license requirements and the Board looks forward to the end of the traditional paper chase for physicians relocating to our state.

DISCIPLINARY ACTION

The following disciplinary actions were taken by the Board from February, 1996 through August 1, 1996.

Laurence E. Levine, M.D. -

Voluntary surrender of license in lieu of disciplinary action based on finding of professional misconduct involving the use of a patient to acquire controlled substances for the physician's personal use.

Hernan Zambrano, M.D. - Order of Conditional Denial based on a finding of substandard care. Absent a request for hearing, the license application was denied.

Mark Rutkowski, M.D. - License issued with restrictions based on applicant's failure to report criminal misdemeanor convictions on licensure application.

Mark J. Drapek, M.D. - Order of Conditional Approval based on monitoring requirement imposed by another state. License issued with restrictions.

Clare Wilmot, M.D. - Order of Conditional Approval. License issued with restrictions.